

STATE OF WASHINGTON
INVOICE VOUCHER

AGENCY USE ONLY

AGENCY NO.

LOCATION CODE

P.R. OR AUTH NO.

3000

9GF4

INSTRUCTIONS TO VENDOR OR CLAIMANT: *Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.*

Vendor's certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans Status

BY

(SIGN IN INK)

(TITLE)

(DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO.(For Reporting Personal Services Contract Payments to I.R.S.)

RECEIVED BY

DATE RECEIVED

DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE
	For services rendered in performance under					
	Contract # 0000-00000					
	for the period: October - December 2006					
	Total FFP Claimed at Match Rate 50%				\$0.00	

"Under the terms of the Contract between the parties, I certify that these expenses were incurred for allowable Medicaid MAM services provided to potential Medicaid participants or for Medicaid administrative purposes to Medicaid covered participants. I also certify that the funds used to claim FFP are available, appropriate, and in accordance with the Code of Federal Regulation Title 42 section 433.51 (42 CFR 433.51)."

Total

\$0.00

PEREPARED BY

TELEPHONE NUMBER

DATE _____

AGENCY APPROVAL

DATE _____

DOC. DATE

PMT DUE DATE

CURRENT DOC. NO.

REF. DOC. NO.

VENDOR NUMBER

USE

UBI NUMBER

1 Hz

ACCOUNT NUMBER 30 CHARS

October - December 2006

VENDOR MESSAGE 25 CHARS

Tribal Ad Match

[illegible]

ACCOUNTING APPROVAL FOR PAYMENT			
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DATE _____

WARRANT TOTAL	
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WARRANT NUMBER

\$0.00